

CLAIMS ONLY							Application Number 09/980054		Filing Date				
							Applicant(s)						
							* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1													
2													
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47													
48													
49													
50													
Total Indep			3		5								
Total Depend			21		12								
Total Claims			24		17								

Filing Date

Applicant(s)

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